

FILED

4/4/2018

EAA

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

JAN 17 2018

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Bert McKinnle

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

1:18-cv-00471

Judge John Z. Lee

Magistrate Judge Geraldine Soat Brown
PC8

vs.

C

Nurse Assistance Taylor

(To be supplied by the CLERK OF THIS COURT)

Nurse Wright

Nurse Leono

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Berl mckinnie
- B. List all aliases: N/A
- C. Prisoner identification number: 151640
- D. Place of present confinement: COOK County Jail
- E. Address: PO Box 089002 Chicago IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Taylor
Title: Nurse Assistance
Place of Employment: COOK County Jail
- B. Defendant: Wright
Title: Nurse
Place of Employment: COOK County Jail
- C. Defendant: LEONO
Title: Nurse
Place of Employment: COOK County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

LIST ALL LAW SUITS

- A. NAME OF CASE AND DOCKET NUMBER - KC 9030
- B. APPROXIMATE DATE OF FILING _____
- D. LIST ALL DEFENDANT - Sgt. Dally, - Tom Dart
- E. COURT IN WHICH THE LAWSUIT WAS FILED Northern District
- F. NAME OF JUDGE John Z. Lee
- G. BASIC CLAIM Deliberate Indifference
- H. DISPOSITION OF THIS CASE Pending
- I. APPROXIMATE DATE OF DISPOSITION Pending

LIST ALL LAW SUIT

- A. NAME OF CASE AND DOCKET NUMBER McKinnic - v - Dart - 15 cv 10855
- B. APPROXIMATE DATE OF FILING in 2015
- C. LIST ALL PLAINTIFF Ben McKinnic
- D. LIST A DEFENDANT Tom Dart
- E. COURT IN WHICH THE LAWSUIT WAS FILED Northern District
- F. NAME OF JUDGE Don't remember
- G. BASIC CLAIM Deliberate Indifference
- H. DISPOSITION Pending
- I. APPROXIMATE DATE OF DISPOSITION Pending

1. List All Law Suits you have filed

A. Name of case and docket number 14 CR 185289

B. Approximate date of filing lawsuit 8-24-15

C. List All Plaintiff Bedmekinnle

D. List All Defendant City of Chicago, Ut. Jarmusz David #1718
Dt Foley Patricia #20143

E. court in which the lawsuit was filed Northern District Sta
Court

F. Name of Judge to whom case was assigned unknown

G. Basic claim made defamation of character

H. Disposition of this case ~~Dismiss~~ Dismiss

I. Approximate date of disposition ~~Dismiss~~ Dismiss

III A. List All Lawsuits you (And your co-Plaintiffs, if Any) have Filed in Any State or Federal Court in the United States:

A. Name of case And docket Number 14. CV. 09588

B. Approximate date of Filing Lawsuit 12-1-14

C. List All Plaintiffs (if you had co-Plaintiffs) including Any Aliases Bert McKinnle

D. List All Defendants Thomas Dart Sheriff of Cook County
et al

E. Court in which the Lawsuit was Filed (if Federal Court, Name the District, if State court, Name the County)
Northern District of Illinois

F. Name of Judge to whom case was Assigned John R. Blakey

G. Basic claim made Deliberate indifference

H. Disposition of this case (For example: was the case Dismissed? was it appealed is it still pending ~~still pending~~ Settlement)

I. Approximate Date of Disposition over
~~on known~~

List All Lawsuits you (and your co-plaintiff if any) filed in any Federal or State court in the United States

A. Name of case and docket number 15CV1002
Berl McKinnis - v - Tribune, et al

B. Approximate date of filing lawsuit Jan 29-15

C. List All Plaintiff (if you had co-plaintiff) including any aliases Berl McKinnis

D. List All Defendants Sunshine Inc & Tribune Inc

E. Court in which the lawsuit was filed (if Federal court name this district, if state court, name the county)
Norther District

F. Name of Judge to whom case was assigned
Guttmann

G. Disposition of this case (for example was the case dismissed was it appealed is it still pending) Dismiss with prejudice

H. Approximate date of disposition none

(P ~~0~~)

3 pg 5

LIST ALL LAWSUITS you (and your co-plaintiffs if any) have filed in any state or federal court in the United States

A. name of case and docket number 15c2187
Bert McKinnie - v - Chicago City, et. al

B. Approximate date of filing lawsuit Mar 11 2015

C. List all Plaintiff (if you had co-plaintiffs) including any aliases Bert McKinnie

D. List all defendants? Detective Jarmusz David #1718,
Detective Foley Patrick #20143, Chicago Police Department - et al

E. Court in which the lawsuit was filed (if federal court, name the District; if state court, name the county): Northern
District

F. name of Judge to whom case was assigned Judge
Robert M. Dow, Jr

G. Basic claim made Defamation of character

H. Disposition of this case (For example was the case dismissed? was it ~~appealed~~? is it still pending?) Dismissed with out
Prejudice

I. Approximate date of disposition: N/A

(Pg - 10 - 1)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: 13 CV 682
- B. Approximate date of filing lawsuit: 6-10-13
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Bert McKinnic
151646
- D. List all defendants: Wexford Health Care, Martin
et al.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Southern District of Illinois
- F. Name of judge to whom case was assigned: Unknown
- G. Basic claim made: Diliberate Indifference
to serious medical need
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Dismissed
- I. Approximate date of disposition: Dismissed

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

List All Lawsuit

A. name of case and docket number 13-cv-01372 McKinnie v Tom Dart

B. date of Filing 2-20-13

C. List All Plaintiff Bert McKinnie

D. List All Defendants Tom Dart

E. Court in which the lawsuit was filed Norther District of Ill

F. Judge name don't know

G. claim Dilliberate Indiffernce

H. Disposition of case Settlement

I. Approximate date of disposition Settlement

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: 16-cv-65778
McKinle - vs Tom Dart
- B. Approximate date of filing lawsuit: 6-1-16
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Berl McKinle
- D. List all defendants: Tom Dart
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Northern District of Ill
- F. Name of judge to whom case was assigned: I don't know
- G. Basic claim made: Diliberate Indifference
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending ~~Dismissed~~
- I. Approximate date of disposition: Pending ~~Dismissed~~

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

From 2016 to 2017 Plaintiff have been harass
by Nurse Assistance Taylor. Plaintiff have wrote
grievance after grievance on Taylor for verbal
harassment on Plaintiff without a Resolution or
it being solve. Plaintiff talk to Taylor supervisor
Nurse Wright, MS Leono with no Resolution to this
problem. Nurse Assistance Taylor verbally abused
Plaintiff by telling officer and Inmate that Plaintiff
is gay, and a Baby Raper, Plaintiff is a one Leg
Fag and a Sissy. One Day Plaintiff seen Nurse
Assistance Taylor in the Hallway and she said out
loud there go my queer sister McKinnie, Plaintiff
have cry out for months on this problem with no
Resolution, Plaintiff even ask Taylor supervisor
MS, Wright, MS Leono to move ^{her} from this floor
from around Plaintiff but it never happy. when
this happen to another Inmate and a Nurse,
MS Wright, and MS Leono had that person move

from the floor, but wouldn't do it for Plaintiff so the verbal harassment kept going, even when Plaintiff talk to them ^{more} ~~more~~ then three time. This have cause Plaintiff to be incarcerated under conditions posing a substantial risk of serious harm to Plaintiff safety. Plaintiff have been threatening by Inmate for what Taylor said to Inmate, Officer. This is a Retaliating for Plaintiff saying that he Don't like Big women, and Ms Taylor are a Big Lady, when Officer Perk had told her what Plaintiff and another Inmate was talking about Plaintiff did bring this to the attention of Taylor Supervisor and this never brought any Resolution to this problem. This went on for more then a year Subjecting Plaintiff to constant fear of violence. This is maliciously and sadistically for the very purpose of causing harm in Prison conditions. To Plaintiff health and safety. This is a violation of Plaintiff Federal constitutional Rights by all of the Defendants. Plaintiff wrote grievances and did exhaustion his Administrative Remedies with no Resolution. This is a claim Failure to protect,

EQUAL Protection, due Process, A Violation of Plaintiff 14th & 8th Amendment Rights. by Nurse Taylor calling Plaintiff Fag, Rapist, 'sissy', one leg fag, Punk, gay slurs, calling Plaintiff Derivative terms. Plaintiff are in danger of being ASSAULTED or Killed by other Inmates. Plaintiff have wrote grievances and on one of the grievances the grievances Board gave MS Taylor the grievances ~~Plaintiff~~ wrote on her and she Responded to the grievance which is a Violation of the Cook County Rules as well as Plaintiff, see exhibited 1, 2 and was ~~any~~ thing Done about this. Plaintiff ~~did~~ bring it to his councilor, grievances Board Attention and the grievances ~~Board~~ it stand the Respond did All so. All of the Defendants Violated Plaintiff Rights. there WAS NO Resolution to this matter. Plaintiff did cry for help and it went on dead ear. MS Wright, MS Leno Turn they ear close to Plaintiff cry and did nothing. when it was told to them by Plaintiff on many occasion and they did nothing to stop this verbal harassment on Plaintiff head they knew this could cause harm to Plaintiff safety and his life, but did nothing. Now, that some of the Inmate have been move to other Division tell other Inmate in Difference Division that Plaintiff are gay and he is in here for Rape. each and every time Plaintiff go to court or to the Hospital that's call Cermak Inmate come up to Plaintiff asking Plaintiff are he in here for Rape and ask are he gay because what Nurse Assistance Taylor have told them about Plaintiff. This is a on going problem here in this Cook County Jail. Plaintiff fear for his life in here this county Jail. and Plaintiff wrote another grievance on MS Taylor and the Board try to Reveal ~~it~~ and say ~~Plaintiff~~ telling the employee bringing this to there Attention when they are wrong the employee have been telling Plaintiff what she been saying about Plaintiff not Plaintiff bring any thing to any employee about any thing this is Just a cover up for what have be Done to Plaintiff by the employee of the county Jail Employee. Detainees are entitled to Protection Against Cruel and inhumane treatment under Due Process clause. ALSO A Claim for cruel and unusual Punishment as well A Violation of Plaintiff 14th & 8th Amendment Rights. Declare that the Acts and Omissions described here in violate Plaintiff Rights under the U.S. constitution, Federal and State law, and Defendant Roles and Regulations. Declare the Proposed Relief is narrowly tailored to Remedy on going VIOLATION of Plaintiff constitutional Right and to prevent the occurrence of IRREPARABLE harm in the future. Issue declarative and Injunctive Relief Against CDOC and the Defendants, Supervisor Leno, Nurse Wright, Assistance nurse Taylor, enter Judgment in favor of Plaintiff for nominal, compensatory, and punitive damages, as Allowed by Law Against each Defendant jointly and severally.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Compensatory Damages in the amount of 500,000
Dollar from each Defendant 500,000 Dollar in Punitive
Damages from each Defendant And nominal Damages
AS this court deem Just And Proper Against each
Defendant Jointly and severally

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20____

Bert McKinnis

(Signature of plaintiff or plaintiffs)

Bert McKinnis

(Print name)

20140917248

(I.D. Number)

PO Box 089002

CHICAGO IL 60608

(Address)

COOK COUNTY SHERIFF'S OFFICE
(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM
(Formulario de Queja del Preso/ Apelación)

exhibit - 1012
2017

220

CONTROL NUMBER

INMATE #

08732

0026549

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

McKinnis

Boel

20140917248

GRIEVANCE ISSUE AS DETERMINED BY CRW:

IMMEDIATE CRW RESPONSE (if applicable):

220 misconduct (NON-Physical)

CHA 01/18

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

DATE REFERRED:

Cermak

8, 7, 17

RESPONSE BY PERSONNEL HANDLING REFERRAL

This grievance statement against me is not true and didn't happen the way Mr. McKinnis said it happened. First of all the nurse he's talking about is Nurse Robinson, L.P.N. She and I agreed at the nurses station that she would - see Attached

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Taylor

[Signature]

8-KTU-3rd

6, 8, 17

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

Boel McKinnis

6, 30, 17

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

THIS SECTION IS TO BE COMPLETED BY INMATE!

- To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.
(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)
- Independent of the CCDOC procedure and after receiving an appeal decision, if you are dissatisfied with the outcome, you must submit the appeal grievance to the Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.
(De manera independiente del procedimiento del CCDOC, y tras recibir la resolución de una apelación, si no está satisfecho con el desenlace, debe enviar la queja de la apelación a Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield, Illinois 62794.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso):

6, 30, 17

INMATE'S BASIS FOR AN APPEAL: (Base del preso para una apelación):

Person I wrote on can't answer this grievance

It did happen like I said it. you wasn't here you all just trying to cover up for nurse Taylor my Law will know about and the person I wrote grievance on can't answer

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐

No ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

Response stands

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

Susan Shabel

[Signature]

9, 25, 17

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso):

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

Boel McKinnis

9, 25, 17

TO BE COMPLETED BY INMATE

TO BE COMPLETED BY INMATE

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

exhibit 20f2

220

CONTROL #

INMATE ID #

0026549

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☒ Grievance
☐ Non-Compliant Grievance

☒ Cermak Health Services☐ Superintendent: _____☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

mckinnic

PRINT - FIRST NAME (Primer Nombre):

Berl

INMATE BOOKING NUMBER (# de identificación del Preso)

20140917248

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

6-4-17

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievred issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievred issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievred issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievred issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievred issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievred issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days

The grievred issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyeurismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)

6-2-17

REQUIRED -
TIME OF INCIDENT
(Horad del Incidente)

4:00pm

REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)

Div-8-3F

REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

Nurse Taylor

Nurse Taylor came to Acccheck on 3F but when I got to the window she slam it in my face then start talking Real Disrespect, to me calling me one Leg Dog when I do have one Leg she didn't want to give me my Acccheck some one else had to give it to me then after the nurse gave me my Acccheck she came back. I have wrote multiple grievance on her for Disrespecting me, now she is still do this. I don't understand you we bring thing to the grievance Boar Don't Any happen. Keep her Away from me

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

Berl mckinnic

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

6/5/17

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)**GRIEVANCE FORM PROCESSED AS:**☐ EMERGENCY GRIEVANCE☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)**REFERRED TO:**☐ CERMAK HEALTH SERVICES☐ SUPERINTENDENT: _____☐ OTHER: _____**INMATE INFORMATION** (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

8-27-16 9:30 AM Div-8-3F

On 8-27-16 Nurse Taylor was giving Aroucheck to check my senger level I got up while she had a Inmate At the window while I was get my I.D. so when I got to the window to get my Aroucheck she slam the window in my face And she was still sitting down, so I knock on the window then she got up and looked at me and fuck you then walk out the door. so I had officer claramia to call Sgt Hill and I told

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I want some Action Done About this mater. I Done what the cook County told me to Do write grievance on matter that Not Right And I did that now Nurse Taylor Nurse JACKSON is Retaliateing Against I talk to nurse white I need

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)**GRIEVANCE FORM PROCESSED AS:**

- ☐ EMERGENCY GRIEVANCE
- ☒ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☒ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

mckinnin

PRINT - FIRST NAME (Primer Nombre):

Berl

INMATE BOOKING NUMBER (# de identificación del detenido)

20140917248

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

8-27-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

8-27-14

TIME OF INCIDENT (Hora Del Incidente)

9:30 AM

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Dr-8 3F

What nurse talor did so he told me he is going to look at the tape and he did and seen I was at the window on time she Refuse to check my Acau check. so Sgt Hill sende Parametric LAB check to do my Acau check and it was 172 that why my Head was hurting. this Retaliation because I wrote her up when I fell in the shower and I wrote her up as well Nurse Jackson who been Retaliate AGAINST me for that

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

to talk to her about this matter ALSO about How Nurse taylor fraternizing with Inmate and can't do her Job Right. All you have to do is Roll Back the tape

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Berl mckinnin 8-27-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D Wilson

SIGNATURE:

D Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

8/29/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)



GRIEVANCE



NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)**GRIEVANCE FORM PROCESSED AS:**☐ EMERGENCY GRIEVANCE☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)**REFERRED TO:**☒ CERMAK HEALTH SERVICES☐ SUPERINTENDENT: _____☐ OTHER: _____**INMATE INFORMATION** (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

McKinzie

PRINT - FIRST NAME (Primer Nombre):

Beri

INMATE BOOKING NUMBER (# de identificación del detenido)

20140917248

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

8-27-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

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- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

8-27-16

TIME OF INCIDENT (Hora Del Incidente)

9:30 AM

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div-8 3F

Reason. AS Nurse Taylor was walking out the Door she said fuck me and just walk out the Door on me while I was at the window then she came back and said to me write your grievance it not going to do no good A round all the Inmate that was on the unit. Plus she don't say how she be in all the Inmate faces talking and can't do Her Job. Roll Back the tape you see

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)**IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.**

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Berl McKinzie 8-27-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECIEVED:

8/29/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)**GRIEVANCE FORM PROCESSED AS:**

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

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- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

8-27-16 1:00 PM Div-8 3F

I wrote the grievance on nurse Taylor 8-27-16 - And a Inmate who was work out there were the office was, that wasn't here when she did what she did to me, so her and officer Ciavarrin who was working the unit that was out with her talk about how they going to set me up to get me, now I use to take a Accucheck at 4:30 AM but the Doctor change it to 9:00 AM so the Nurses on 11 to 7 shift

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I don't feel comfortable with her. I would like someone else to do my Accucheck. I am ask you all to have nurse Taylor to be remove from 3F because she is out to get me for what reason I do not know.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

20F-6

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

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DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

8-27-16

2:00 PM

Div-8 3A

give me my Accucheck no more At 4:30 AM, now I have to get it on 7 to 3 shift At 9:00 AM in the morning. Plus ~~Stacy~~ nurse Taylor was out there (calling me All Kind of NAME. So I don't feel comfortable with her treating me because she might say I said something to her when I am not that of person. I am going to call my lawyer Kenneth Flaxman and notify him about this, also my mother so they can call the Superintendent Brown about this matter

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

And yes she did call last call for Accucheck but when I got up and got up to the desk to get my ID there was a inmate at the window and she still refuse me Roll back the state you all we see

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INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Bore McKinnick 8-27-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

D L Wilson

D L Wilson

8/29/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

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- ☐ EMERGENCY GRIEVANCE
- ☒ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☒ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer Nombre):	INMATE BOOKING NUMBER (# de identificación del detenido):
McKinnis	Bert	70140917248
DIVISION (División):	LIVING UNIT (Unidad):	DATE (Fecha):
8	3F	8-27-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

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- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)	TIME OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)
8-27-16	2:00 PM	Div-8-3F

Plus I have a Pending Lawyer Suit on nurse Taylor And Now She trying to Retaliate Against me, now that the Doctor have change my for me to take my Acouch check And the Doctor change it to 9:00 the time she is Dolns Acouch PCK. if you Roll back the tapes I have never had Any contact with nurse Taylor for to tell the officer I Disrespected her before when I Dont feel comfortable with her treating. I feel she might try to write

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I spoke with SSG Hill he went and Roll the TAPE back and seen what Nurse Taylor so he got some one to come down to 3F to give me my Acouch check while Nurse Taylor was plotting to set me

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información):	INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):
	Bert McKinnis

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):	SIGNATURE:	DATE CRW/PLATOON COUNSELOR RECEIVED:
D. Wilson	D. Wilson	8/29/16
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

20167380

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

McKinnie

INMATE FIRST NAME (Primer Nombre):

Brend

ID Number (# de identificación):

20140917248

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

229 misconduct (NON-Physical) by CHS staff

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

Cermak

DATE REFERRED:

9/30/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Referred to Nursing Manager

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Susan Shaker

SIGNATURE:

Susan Shaker

DIV. / DEPT.

DATE:

9/21/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Brend McKinnie

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

9/24/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

9/24/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

Nurse Taylor Refuse to check my blood and she always refusing to do her job. And she was heard talking Inmate about my case that she look up. I heard her, and when I come around she always talking the % something about me, another inmate too.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Si)

☐

No

☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o / su designado(a)):

Response stands

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

11/1/16

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):

11/1/16



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE

☐ NON-GRIEVANCE (REQUEST)

CONTROL #

20148489
20140917248

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

McKinnis

INMATE FIRST NAME (Primer Nombre):

Bert

ID Number (# de identificación):

20140917248

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

220 mis conduct (NON-Physical) by CHA Stahl

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

Cermak

DATE REFERRED:

12/5/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

When someone tells you what someone says it is disrespectful and not your business to say anything

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Susan Stahl

SIGNATURE:

Susan Stahl

DIV. / DEPT.

DATE:

12/28/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

1/1/17

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

X Bert McKinnis

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

11/1/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

11/1/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

I want something done to nurse Taylor for telling inmate about my case also talking down about me. I haven't done anything to nurse Taylor some action need to be done

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(Apelación del detenido aceptada por el administrador o su designado(a))

Yes (Si)

No

☐

☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

Bert McKinnis

DATE (Fecha):

11/1/16

INMATE SIGNATURE (Firma del Preso):

Bert McKinnis

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):

11/29/16

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)**GRIEVANCE FORM PROCESSED AS:**

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

1 of 3
Exhibit B

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

mckinnle

PRINT - FIRST NAME (Primer Nombre):

Bert

INMATE BOOKING NUMBER (# de identificación del detenido)

20140917248

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

10-3-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

10-3-16

TIME OF INCIDENT (Hora Del Incidente)

1:30

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div-8 3F

On 10-3-16 A Inmate came and told me that Nurse Taylor was talking my Business with he About She hate me and I wrote her up for not talking to me And this Inmate was not here when I wrote Nurse Taylor up for not giving me my Acccecheck and he ALSO said that She told Nurse Right that I only wrote her up for not talking to me And She

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I want some Action to happen to Nurse Taylor why is She telling Any Inmate about me Also About my case And I wrote her up And it did not work and it not going work because she have

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Bert McKinnle

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECIEVED:

10/4/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

20F3

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT:
☐ OTHER:

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

McKinnin

PRINT - FIRST NAME (Primer Nombre):

Beal

INMATE BOOKING NUMBER (# de identificación del detenido)

20140917248

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

10-3-10

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

10-B-13

TIME OF INCIDENT (Hora Del Incidente)

2:30

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div-8-3F

Said Nurse Right said fuck that I am going to do any thing to you for that lie and didnt do any thing she also talk about I am a Legless Dog she hate me. And she said me write didnt work fuck her. and I know what this inmate said is not all because he didnt know I wrote nurse Taylor and he was not in Div-8 he was in Div-10 when I wrote her up

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Nurse Right "in her corner" She is not worrying about my write up. and I thought I was doing the Right thing by talking to nurse R about this problem. I want something done to Nurse Taylor for this

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Beal McKinnin

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

10/4/10

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)**GRIEVANCE FORM PROCESSED AS:**

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

303

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

10-3-16

1:30

Div-98-13F

ALSO Nurse Right told me she old talk to Nurse Taylor, well why is she still telling inmates about me and why she said nurse Right is not going to do any to her because of me. And I talk to nurse Right and I respected what nurse Right told me now she is taking side and telling to me this what nurse Taylor have said. I have talk to nurse Right about this problem now it is still going on

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I am ASKING some action be taking on nurse Taylor she all so to the inmate I am mad because she wouldn't put her name on a write up to bad on the inmate that not true

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Three weeks ago I talk to nurse Right about nurse Taylor And I told her about what nurse Taylor ~~have~~ done to me and against me And I ask her for her help and she said I would be back and told me she took care of the problem. now nurse Taylor is still telling Inmate about my case and that I wrote her up and that she got nurse Right in her corner she's not going to do any to her. the same thing is still going on

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I won't nurse Right to deal with this problem like she told me she would. I respect nurse Right and her word but she didn't do what she told me she did. it is still happening I want some action

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !**(! Para ser llenado solo por el personal de Inmate Services !)**

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

McKinnle

PRINT - FIRST NAME (Primer Nombre):

Berl

INMATE BOOKING NUMBER (# de identificación del Preso)

20140917248

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

9-11-17

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance form must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyeurismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)

9-11-17

REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)

10:30 AM

REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)

Div-8-3F

REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)

Nurse Taylor MS. Legner
Nurse Wright

Nurse Taylor has harass me since 2016. I have wrote multiple grievance on her And I have talk to Nurse Wright and Ms. Leonor telling about what Nurse Taylor is doing with on help I wrote a grievance on Nurse Taylor on And she respond to the grievance I appealed that grievance And never getting that grievance back. Now Nurse Taylor is going around telling Inmate that I am in here for Raping Body when I am not multiple Inmate have came up to me asking me if I in

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

2044

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
- ☐ Grievance
- ☐ Non-Compliant Grievance

- ☐ Cermak Health Services
- ☐ Superintendent: _____
- ☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

McKinnon

PRINT - FIRST NAME (Primer Nombre):

Barl

INMATE BOOKING NUMBER (# de identificación del Preso)

20140917248

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

9-11-17

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

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The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

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The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

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El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyeurismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)

9-11-17

REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)

10:30 AM

REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)

Div-8-3F

REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)

Nurse Taylor MS Leonor
Nurse Wright

here for Rapeing a Body. why is she continually harassing me and put them false statement she is telling inmates about me putting my life in jeopardy not just in this Div but all of them because some of the inmate who have ask me this have move to 10, 9, 2, and dont know who they have told this to. but it is all over Div-8 because of nurse Taylor. even the staff have been asking me what me and nurse Taylor got going on, and I ask why you all ask me this. And they said because she talk

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

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CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/12/17

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !**(! Para ser llenado solo por el personal de Inmate Services !)**

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent:
☐ Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

McKinnle

PRINT - FIRST NAME (Primer Nombre):

Geri

INMATE BOOKING NUMBER (# de identificación del Preso)

20140917248

DIVISION (División):

46

LIVING UNIT (Unidad):

3A

DATE (Fecha):

9-11-17

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyeurismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

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La solitud de la queja no puede contener más de un asunto.

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Div-8-3F

REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)Nurse Taylor MS Leonor
Nurse Wright

About you every Day. the nurses have said this to me and the officer have came to me with this. look I have ask you all to get her from Around me and every one have close they ears to my cry. I talk to nurse Wright, MS Leonor face to face About this now no one have Done Any thing. Now I am at my end with this. I Dont want to Do any thing to nurse Taylor. I am asking you one more time to get her a way from me I can't take no more and I mean this no more Please get her from

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CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

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NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)

9-11-17

10:30 AM

DIV-8-3F

Nurse Taylor MS Leonor
Nurse Wright

Around me. I am calling my Lawyer Flaxman who is a civil lawyer and my Criminal lawyer Green Bird Steven, Also my Mother who will be calling out here number 773-674-0212, 773-674-8090. Also here is the number to the grievance that she her self appealed 201708732 on 6/30/17 I appealed this grievance. I am asking you all to remove her from this floor of the building. Don't want her to have no contact with me in no way that why I ask you all to remove her from this building. Officer came up to me on second and said...

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

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CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

VERIFICATION

#20171217043

I TERRY WAITS Swear To the Court that I Am the one who wrote this Complaint For Mr. McKinnle. I Declare, Under Penalty Of Perjury, That I Am the one who Done All the Legal work on this 1983 form. I Swear to the Court the Information is true. Under Penalties AS Provided by LAW Pursuant to 735 IL CS 5/1-109, I certify that the Statements Set forth in this Foregoing Verification Are true And CORRECT. Mr. McKinnle have NO Knowledge OF the LAW. I Am the In Proxy One who help Mr. McKinnle on this Legal matter. I AM ASKING the Court to Appoint Mr McKinnle A Attorney to Represent hem on this matter. The Information in this verification Are true And CORRECT to the best of my Knowledge.

Jerry Waits

#20171217043

Signature

Bert McKinnle #20140917245

PO Box 089002
Chicago IL 60608



RECEIVED

JAN 17 2018 *yy*

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Prisoner Correspondence
Clerk of the Court
219 South Dearborn Street
Chicago IL 60604
"Legal Mail"


01/17/2018-28

1:18-cv-00471
Judge John Z. Lee
Magistrate Judge Geraldine Soat Brown
PC8